

FEDERAL PATIENT CENTERED MEDICAL HOME (PCMH) COLLABORATIVE
Catalogue of Federal PCMH Activities as of *March 2011*

OPERATING DIVISION/DEPARTMENT:

Substance Abuse and Mental Health Services Administration (SAMHSA)

Respondents:

- Dr. Ken Thompson, former Medical Director at the Center for Mental Health Services (CMHS)
- John O'Brien, Senior Advisor for Health Finance at the Office of Planning and Policy Innovation (OPPI)
- Trina Dutta, Public Health Analyst at the Center for Mental Health Services (CMHS)
- Rita Vandivort, Public Health Analyst at Center for Substance Abuse Treatment (CSAT)
- Cheryl DeAguiar, Intern in the Office of Planning and Policy Innovation (OPPI)

PRÉCIS:

SAMHSA is interested in integrating behavioral health with the primary care components of the medical home. The agency funds a variety of behavioral health-specific programs and hopes to promote their use in primary care and patient-centered medical home settings. In addition, SAMHSA is providing substance abuse and mental health expertise to other agencies working to develop and implement medical home models of care.

STRATEGIC GOALS OF THE OPERATING DIVISION/DEPARTMENT:

- *Strategic goals align with the principles of the PCMH.* For the last 3-4 years, SAMHSA has been particularly interested in integrating primary care and behavioral health. It is working to achieve a bi-directional integration that brings behavioral health into primary care and primary care into behavioral health. This work was sparked by the finding that people with significant psychiatric disabilities die on average at the age of 53 years, and the diseases they die from tend to be diseases of medical importance (e.g., heart disease and diabetes).

SAMHSA's work related to the interaction of behavioral health and primary care began several years ago, and SAMHSA is now trying to make its existing work consistent with the ideas of the primary care medical home terminology. Though the medical home is not one of SAMHSA's 8 strategic initiatives, Administration leadership wants the medical home concept to be woven throughout the work in all 8 strategic initiatives. SAMHSA's integration work is primarily highlighted in Strategic Initiative 4, "Health Insurance Reform Implementation." The medical home is a top priority for the Administration.

SAMHSA has created a central committee to coordinate projects related to the medical home. Some of the projects emphasize the bi-directional integration of primary care and behavioral health care (e.g., screening for mental and substance use disorders in

primary care settings). Other projects develop the medical home concept for the chronically ill (e.g., the new Medicaid health home option). In general, all projects support interdisciplinary, coordinated, and consumer-directed care.

AREAS OF PCMH ACTIVITY:

Direct provision of health care services or funding of care

- *Substance abuse treatment and prevention block grant (SAPTBG).*
In 2010 budget, the SAPTBG awarded \$1.799 billion to support a variety of services. The SAPTBG funds a variety of health and behavioral health care services. There is a 5% set-aside that supports analytical and technical assistance to states and providers who develop models of evidenced-based practice models.
- *Discretionary Grants.* One of the large SAMHSA discretionary grants is the SBIRT program (Screening, Brief Intervention, Referral, and Treatment for substance use disorders). Through these grants, SAMHSA has spent millions on efforts to integrate SBIRT into primary care sites and support models of care that include routine screening for alcohol and drugs. SAMHSA has awarded grants to a number of different entities including states, college and universities, and medical schools. SAMHSA is now looking to integrate SBIRT into Federally Qualified Health Centers and other primary care settings.

Pilot or demonstration programs

- *Primary and Behavioral Health Care Integration Program (PBHCI).* The PBHCI services program is focused on expanding the evidence-base behind integrating primary care services into community behavioral health (mental health and substance use) centers. SAMHSA awarded the first set of grants to 13 sites in September 2009, and a second (9 sites) and third (34 sites) set of grants were awarded in September 2010. The grants of \$500,000 each year for 4 years were awarded to community behavioral health providers who serve adults with serious mental illness. Each grantee's service model will be evaluated using data on four health measures: cholesterol, body mass index (BMI), blood pressure, and blood glucose.

Technical assistance, implementation assistance

- *Medicaid Health Homes State Plan Review.* The Affordable Care Act (ACA) provision 2703 created an opportunity for states to amend their Medicaid state plans to deliver care through a medical home or health home. According to the ACA, states' health homes must address these 6 minimum conditions: 1) mental health, 2) substance abuse disorders, 3) asthma, 4) diabetes, 5) heart disease, and 6) evidence of being overweight. To be eligible for the health home program, an individual must have: 1) a serious mental illness, or 2) chronic conditions, or 3) one chronic condition and be at risk of a second chronic condition. Designated providers, health teams, or independent providers with a virtual team can all participate and receive additional Medicaid funding if they provide each of the following 6 services: comprehensive care management; care coordination

and health promotion; comprehensive transitional care including appropriate follow up from inpatient to other settings; patient and family support including authorized representatives; referrals to social and community services; and use of health information technology to link services if appropriate. In addition, all Medicaid provider hospitals must provide referrals of chronically ill patients to a Medicaid health home. Given the inclusion of substance abuse and mental health service requirements, SAMHSA plays a role in defining this program.

- *Technical Assistance to states for Medicaid Health Home implementation.* CMS is requiring States to seek consultation from SAMHSA as they develop their approach to health homes prior to submitting their State Plan Amendment. CMS and SAMHSA also encourage States to coordinate with their State behavioral health (mental health and substance abuse) authorities regarding efforts they are currently undertaking to integrate primary care and behavioral health. The consultations are meant to be informal in nature but will involve a clear process to assure these adequately address the questions and concerns of the States. States are encouraged to get information on the PCMH at <http://www.samhsa.gov/healthReform/healthHomes/>.
- *National Technical Assistance Center (TA).* In September 2010, SAMHSA, in partnership with HRSA and with support from the HHS Prevention Trust Fund, awarded a cooperative agreement for a Training and Technical Assistance Center (TTA) for Primary and Behavioral Health Care Integration (PBHCI), with the goal of promoting the planning and development of integrated primary and behavioral health care for those with serious mental illness (SMI), addiction disorders, and/or individuals with SMI and a co-occurring substance use disorder, whether seen in specialty mental health or primary care safety net provider settings across the country. The recipient, the National Council of Community Behavioral Healthcare, will receive \$5.35 million per year for 4 years. The center will provide technical assistance to 56 SAMHSA PBHCI grantees and to 50 HRSA Section 330 grantees, as well as serve as a national resource and dissemination center of best practice materials to the larger audience of organizations interested in primary and behavioral health care integration and the public.

Research (includes evaluation)

- *Screening, Brief Intervention, Referral, and Treatment for substance use disorders (SBIRT).* The SBIRT program includes an ongoing evaluation on state implementation models and their costs.
- *Discretionary Grant Database.* SAMHSA requires all discretionary grant programs to submit de-identified, client-level information to a database. This database is used for internal purposes only. Though the data is a sample of convenience, it gives SAMHSA rich, descriptive information on patient conditions, service use, and outcomes in health, job, and other areas.
- *Primary and Behavioral Health Care Integration (PBHCI) Program Evaluation.* In coordination with the Assistant Secretary for Planning and Evaluation (ASPE), SAMHSA is evaluating the Primary and Behavioral Health Care Integration Services Program. The evaluation has three components. First, ASPE/SAMHSA is exploring an outcome evaluation, which will assess whether the integration of primary and behavioral health

care lead to improvements in the behavioral and physical health of the population with serious mental illness (SMI) and/or substance use disorders served by the grantees' integration models. Second, ASPE/SAMHSA is look at whether it is possible to integrate the services provided by primary care providers and community-based behavioral health agencies (i.e., what are the different structural and clinical approaches to integration being implemented). Last, ASPE/SAMHSA is examining which models and/or respective model features of integrated primary and behavioral health care lead to better mental and physical health outcomes. ASPE/SAMHSA awarded the evaluation contract to RAND Corporation in September 2010.

MATERIALS:

Websites

- *Screening, Brief Intervention, Referral, and Treatment for substance use disorders (SBIRT)*. The purpose of the SBIRT Web site is to provide a single, comprehensive repository of SBIRT information. This information includes training manuals, online resources, links to organizations and publications, and a list of references. Visit the website at <http://sbirt.samhsa.gov/>.

Policies and Guidelines

- *Certification requirements for physicians to administer buprenorphine*. SAMSHA has developed a variety of resources to promote physician administration of buprenorphine for opiate addiction. By allowing primary care physicians to be certified to provide the drug, SAMHSA is promoting movement away from a methadone clinic model towards a model for treating opiate addition in integrated primary care and other group physician settings. More information is available at <http://buprenorphine.samhsa.gov/index.html>.

ACTIVE PCMH COLLABORATIONS WITH FEDERAL PARTNERS:

- *Health Resources and Services Administration (HRSA)*. SAMHSA is coordinating with HRSA to develop a National Technical Assistance Center (described above). SAMHSA and HRSA are also implementing an Early Child Home Visitation Program to deliver a variety of services to women with young children and pregnant women. This grant program was created by the Affordable Care Act. Funds will go primarily to Title V maternal and child health providers and were awarded to states in 2010. States will be required to complete a risk assessment and identify high risk communities. They will have to assess the risk factors for substance abuse and also the capacity in the community to identify substance abuse services. The grant requirements specify that the states coordinate with their state substance abuse directors. Refer to the HRSA site for more information: <http://www.hrsa.gov/grants/manage/homevisiting/>.
- *Department of Veterans Affairs (VA) and Department of Defense (DOD)*. SAMHSA, VA, and DOD are partnering to create strategies for addressing post-traumatic stress disorder, and suicides and suicide attempts for returning veterans. Though the work is not directly related to the PCMH, it could have applications for the health home model.

- *Centers for Medicare and Medicaid Services (CMS)*. SAMHSA has been working with CMS to support their medical home implementation efforts. Section 2703 of the Affordable Care Act Legislation requires CMS to seek consult from SAMHSA.
- *HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE)*. ASPE and SAMHSA are collaborating to evaluate the Primary and Behavioral Health Care Integration Services Program (described above).